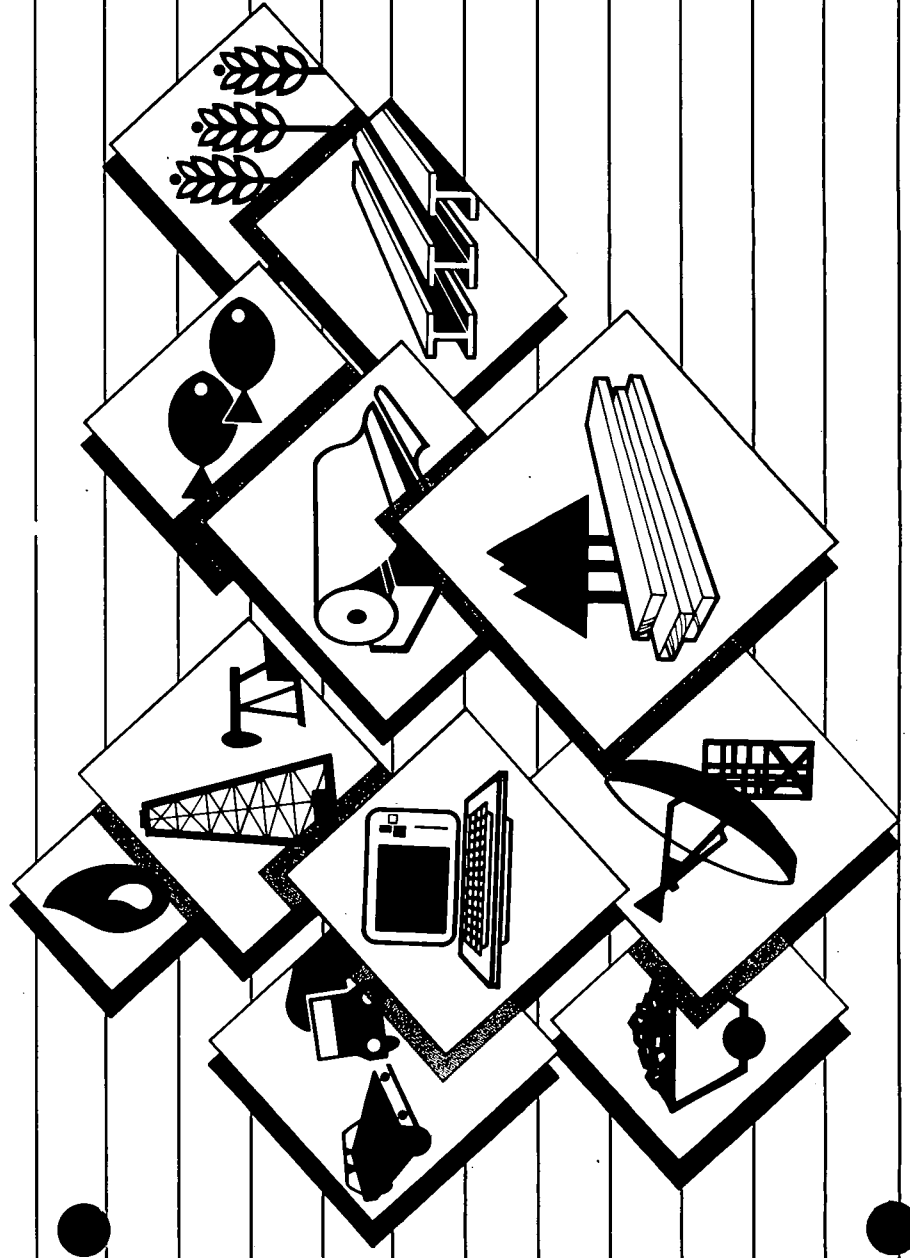


**QUARTERLY RESULTS  
AND  
ACTIVITY REPORT**

APRIL/JUNE



**CANADIAN BUSINESS VISITORS IN CONTACT WITH  
MISSION DURING REPORTING PERIOD**

NAME AND TITLE	ORGANIZATION	PURPOSE OF VISIT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

NOTE: IF INSUFFICIENT SPACE PLEASE USE EXTRA FORMS PROVIDED

**BUSINESS ACTIVITY FORM**

MISSION

COUNTRY

REPORTING PERIOD

APRIL JUNE	JULY SEPTEMBER	OCTOBER DECEMBER	JANUARY MARCH
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NAME OF CANADIAN FIRM	NAME OF LOCAL FIRM
NAME OF CONTACT	NAME OF CONTACT
NUMBER AND STREET CITY AND PROVINCE POSTAL CODE	ADDRESS

SECTOR	SUB-SECTOR	PRODUCT AND / OR SERVICE
NATURE OF BUSINESS ACTIVITY <input type="checkbox"/> EXPORT SALE AGREEMENT <input type="checkbox"/> NEW LICENCING AGREEMENT <input type="checkbox"/> TECHNOLOGY TRANSFER TO CANADA FROM TERRITORY <input type="checkbox"/> NEW BUYING CONNECTION / AGENCY AGREEMENT <input type="checkbox"/> CANADIAN INVESTMENT IN TERRITORY <input type="checkbox"/> TECHNOLOGY TRANSFER FROM CANADA TO TERRITORY <input type="checkbox"/> NEW JOINT VENTURE <input type="checkbox"/> INVESTMENT IN CANADA FROM TERRITORY		
VALUE OF BUSINESS ACTIVITY \$ <input type="text"/>	DID MISSION PLAY A ROLE IN THIS ACTIVITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PROVIDE BRIEF COMMENTS / EXPLANATIONS / OBSERVATIONS: <input type="text"/>		
IF APPLICABLE, IDENTIFY GOVERNMENT PROGRAMS / OFFICES INVOLVED: <input type="checkbox"/> TRADE FAIR <input type="checkbox"/> REGIONAL OFFICE <input type="checkbox"/> TRADE MISSION <input type="checkbox"/> ISB <input type="checkbox"/> PEMD <input type="checkbox"/> OTHER	INITIAL SOURCE OF INFORMATION	DISTRIBUTION LIST OF THIS FORM

EXT 1257/E (86/7)

NOTE: EXTRA COPIES OF THIS FORM ARE PROVIDED